

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER VALLEY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS The following citations represent the findings of an Assisted Living/Residential Healthcare Licensure resurvey.	S 000			
S3305 SS=E	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.	S3305			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3305	Continued From Page 1 This Requirement is not met as evidenced by: K.A.R. 26-41-207(a) The facility reported a census of 11 residents. Based on observation and interview the facility failed to ensure a safe bathing environment in 1 of 2 showers for 1 of 1 day on site of survey. Findings included: - On 10/29/14 at 1:45 P.M. revealed a shower stall without non-skid strips or shower mat. On 10/29/14 at 2:00 P.M. administrative staff A acknowledged the above concerns and also stated the shower tiles were not non-skid and a shower mat was not used as a resident would defecate on the shower mat. The facility planned to apply a non-slip surface on the shower stall floor. The facility failed to provide a policy for general maintainance of the facility. The facility failed to maintain a safe environment for the residents.	S3305			
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation,	S3320			

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S3320	<p>Continued From Page 2</p> <p>remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.</p> <p>(c) New construction, modifications and equipment shall conform to the following codes and standards:</p> <p>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and</p> <p>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.</p> <p>This Requirement is not met as evidenced by: K.A.R. 28-39-254(a)</p> <p>The facility reported a census of 11 residents. Based on observation and interview the facility failed to provide a comfortable and clean environment for 1 of 2 shower rooms on 1 of 1 day on site of survey.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 10/29/14 at 1:45 P.M. revealed clothes hangers and folded towels layed in the bath tub, a painted bathroom window with missing /scrapped paint on the glass, a leaking shower head, and chipped paint along the base of the shower stall. <p>On 10/29/14 at 2:00 P.M. administrative staff A acknowledged the above concerns.</p> <p>The facility failed to provide a policy for general maintenance of the facility.</p>	S3320			

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S3320	Continued From Page 3 The facility failed to maintain a clean and comfortable environment for the residents.	S3320			

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